

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
97007668

FILING DATE

APPLICANT(S)

CLAIMS

|              | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|--------------|----------|------|------------------------|------|------------------------|------|
|              | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |
| 1            |          |      |                        |      |                        |      |
| 2            |          | 1    |                        |      |                        |      |
| 3            |          | 1    |                        |      |                        |      |
| 4            |          | 1    |                        |      |                        |      |
| 5            |          | 1    |                        |      |                        |      |
| 6            |          | 1    |                        |      |                        |      |
| 7            |          | 1    |                        |      |                        |      |
| 8            |          | 1    |                        |      |                        |      |
| 9            |          | 1    |                        |      |                        |      |
| 10           |          | 1    |                        |      |                        |      |
| 11           |          | 1    |                        |      |                        |      |
| 12           |          | 1    |                        |      |                        |      |
| 13           |          | 1    |                        |      |                        |      |
| 14           |          | 1    |                        |      |                        |      |
| 15           |          | 1    |                        |      |                        |      |
| 16           |          | 1    |                        |      |                        |      |
| 17           |          | 1    |                        |      |                        |      |
| 18           |          | 1    |                        |      |                        |      |
| 19           |          | 1    |                        |      |                        |      |
| 20           |          | 1    |                        |      |                        |      |
| 21           |          | 1    |                        |      |                        |      |
| 22           |          |      |                        |      |                        |      |
| 23           |          |      |                        |      |                        |      |
| 24           |          |      |                        |      |                        |      |
| 25           |          |      |                        |      |                        |      |
| 26           |          |      |                        |      |                        |      |
| 27           |          |      |                        |      |                        |      |
| 28           |          |      |                        |      |                        |      |
| 29           |          |      |                        |      |                        |      |
| 30           |          |      |                        |      |                        |      |
| 31           |          |      |                        |      |                        |      |
| 32           |          |      |                        |      |                        |      |
| 33           |          |      |                        |      |                        |      |
| 34           |          |      |                        |      |                        |      |
| 35           |          |      |                        |      |                        |      |
| 36           |          |      |                        |      |                        |      |
| 37           |          |      |                        |      |                        |      |
| 38           |          |      |                        |      |                        |      |
| 39           |          |      |                        |      |                        |      |
| 40           |          |      |                        |      |                        |      |
| 41           |          |      |                        |      |                        |      |
| 42           |          |      |                        |      |                        |      |
| 43           |          |      |                        |      |                        |      |
| 44           |          |      |                        |      |                        |      |
| 45           |          |      |                        |      |                        |      |
| 46           |          |      |                        |      |                        |      |
| 47           |          |      |                        |      |                        |      |
| 48           |          |      |                        |      |                        |      |
| 49           |          |      |                        |      |                        |      |
| 50           |          |      |                        |      |                        |      |
| TOTAL IND.   | 4        |      |                        |      |                        |      |
| TOTAL DEP.   | 18       | 1    | 1                      | 1    | 1                      | 1    |
| TOTAL CLAIMS | 22       | 1    | 1                      | 1    | 1                      | 1    |

|                        |             |
|------------------------|-------------|
| SERIAL NO.<br>97007668 | FILING DATE |
| APPLICANT(S)           |             |
| IND.                   | DEP.        |
| 1                      | 1           |
| 2                      | 1           |
| 3                      | 1           |
| 4                      | 1           |
| 5                      | 1           |
| 6                      | 1           |
| 7                      | 1           |
| 8                      | 1           |
| 9                      | 1           |
| 10                     | 1           |
| 11                     | 1           |
| 12                     | 1           |
| 13                     | 1           |
| 14                     | 1           |
| 15                     | 1           |
| 16                     | 1           |
| 17                     | 1           |
| 18                     | 1           |
| 19                     | 1           |
| 20                     | 1           |
| 21                     | 1           |
| 22                     | 1           |
| 23                     | 1           |
| 24                     | 1           |
| 25                     | 1           |
| 26                     |             |
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| 41                     |             |
| 42                     |             |
| 43                     |             |
| 44                     |             |
| 45                     |             |
| 46                     |             |
| 47                     |             |
| 48                     |             |
| 49                     |             |
| 50                     |             |
| TOTAL IND.             | 1           |
| TOTAL DEP.             | 1           |
| TOTAL CLAIMS           | 1           |

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